

LEGISLATIVE AUDIT DIVISION

Angus Maciver, Legislative Auditor
Deborah F. Butler, Legal Counsel



Deputy Legislative Auditors:
Cindy Jorgenson
Joe Murray

MEMORANDUM

TO: Legislative Audit Committee Members

FROM: Miki Cestnik, Senior Information Systems Auditor

CC: Sheila Hogan, Director, Department of Public Health and Human Services
Stuart Fuller, Chief Information Officer, Department of Public Health and Human Services
Jamie Palagi, Administrator, Human and Community Services Division
Becky Schlauch, Administrator, Business and Financial Services Division

DATE: May 2017

RE: Information Systems Audit Follow-Up (17SP-09): CHIMES-EA Combined Healthcare Information and Montana Eligibility System – Enterprise Architecture (orig. 15DP-01)

ATTACHMENTS: Original Information Systems Audit Summary

Introduction

The Information Systems audit report titled *CHIMES-EA Combined Healthcare Information and Montana Eligibility System – Enterprise Architecture (15DP-01)* was issued to the Committee in November 2015. The audit included 17 recommendations to the Department of Public Health and Human Services (department). In spring 2017, we conducted follow-up work to assess implementation of the report recommendations. This memorandum summarizes the results of our follow-up work.

Overview

Audit work related to the Combined Healthcare Information and Montana Eligibility System – Enterprise Architecture (CHIMES-EA) identified management needed to improve the systems accuracy, efficiency, and user perception of the system. This resulted in 17 recommendations related to monitoring performance, issue management, increasing communication between central office and users, and reviewing processes like overpayments and user access. The agency concurred with all of the recommendations and based on follow-up work, the department has implemented six recommendations, partially implemented four, has not implemented one, and six are being implemented.

Background

CHIMES-EA was implemented in November 2012 as the system to manage the eligibility for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and Healthy Montana Kids. CHIMES-EA is used by over 1,000 users including those working at Offices of Public Assistance and Processing Centers within the state. The scope of the initial audit included SNAP and TANF. Medicaid was being migrated into CHIMES-EA from the old system during fieldwork. SNAP and TANF eligibility and benefit amount is automatically determined after the applicant's information is entered into CHIMES-EA. Any reporting or updates to the applicant's

information are also managed through the system. CHIMES-EA interfaces with various other systems for applicant information verification and to share information for other state functions, like child support enforcement.

Audit work reviewed system functionality related to SNAP and TANF, performance monitoring, system issue management, and user access management. A survey of system users was also conducted. This work resulted in 17 recommendations presented in the report.

Audit Follow-Up Results

We conducted a follow-up survey to core system users in the Offices of Public Assistance to again gauge user perception of the system. Of the 399 users contacted for the survey, 225 users completed the survey for a 56 percent response rate. The majority of the core users who responded were client service coordinators and supervisors, 207 of the 225. In the initial audit survey, there were 251 responses from the same group.

To obtain an understanding of overall user perception of the system, we asked the following question from Table 1 in both the original audit survey and the follow-up survey. When comparing follow-up survey responses to the original audit survey, only responses from the core users were included. This allowed us to better understand core user perception since the audit. The results to this set of questions can be seen in the following table. Based on the survey results, user perception of these system features does not appear to have changed since the original audit was issued.

Table 1 Audit and Follow-Up Survey Responses: Client Service Coordinators and Supervisors		
	Audit	Follow-up
In your opinion, is CHIMES EA...	Always/ Most of the time	Always/ Most of the time
Responding in a timely manner	24%	25%
User Friendly	23%	23%
Processing applications quickly	25%	23%
Increasing the efficiency of collection, reporting, and analysis of client data	23%	21%
Allowing you to spend the majority of your time on qualitative customer care	15%	12%
Easy to learn	34%	30%
Accurate	31%	27%
Reducing Errors	18%	12%
Simplifying Processes	22%	17%

While survey information was taken into consideration, it was not the only source of information used when determining whether each recommendation has been implemented. We also reviewed performance-monitoring tools and reports, reviewed system documentation updates, discussed new review and monitoring procedures with department staff, and reviewed reports from the issue management system. The following sections summarize the progress toward implementation of the report recommendations.

RECOMMENDATION #1

We recommend the Department of Public Health and Human Services improve performance-monitoring processes by:

- A. Defining specific goals relative to the system and each program managed by the system.**
- B. Defining and documenting a process to consistently review all data relative to these goals.**
- C. Reviewing information gathered to identify, document, and track system relation to root cause, and communicating results to users.**

Implementation Status – Implemented

During the audit, there were no metrics or consistent, well-established reviews of TANF equivalent to SNAP. The department was in the process of establishing dashboards to review certain metrics throughout public assistance. During the audit, multiple dashboards were being developed to track federally reported Medicaid and SNAP metrics. Now other metrics are included in the dashboards that show an overall picture of SNAP, Medicaid, and TANF, like application processing time, helpline waiting times, accuracy, and customer satisfaction. These dashboards are summarized monthly for management to review. Through this review, causes of metrics not meeting goals are investigated, including system issues.

To derive the accuracy metric for the dashboard, the department conducts reviews both before and after benefits have been authorized or denied from sampled cases every month. TANF and SNAP are included in these authorization reviews, but the metrics from this review data will not be broken down to program level on the dashboard. The department has further developed a business intelligence tool to provide metrics related to all programs, including TANF, such as overpayments, accuracy, and timeliness.

RECOMMENDATION #2

We recommend the Department of Public Health and Human Services develop a plan to promptly address outstanding system defects that impact eligibility determinations and benefit calculations.

Implementation Status – Being Implemented

At the time of the audit, there were around 400 system defects related to eligibility and benefit calculations. Twenty-five percent of those, about 100, were related to SNAP or TANF. Audit work also showed more enhancements were being addressed than defects with every update to the system.

Follow-up work identified that the amount of issues affecting eligibility and benefit calculations had slightly increased to almost 500 by the end of January 2017. Of these issues, over 200 (46 percent), were related to SNAP, TANF, or all programs. While the number of defects has increased, the department is addressing them through the issue management and strategic planning processes. This includes dedicated staff and bi-weekly system updates. As of February 2017, only 18 SNAP and TANF eligibility and benefit defects from recent months do not have business value assessments (BVAs). These BVAs help determine the priority of when the issue will be addressed. Previous system updates also show more defects being addressed than enhancements for the system. It is apparent the department has made progress in implementing the recommendation. However, the amount of defects has increased and there are still high-priority defects over a year old. User perception of issue management appears to be an ongoing issue as well with a third of survey respondents indicating they are rarely or never confident that an issue will be taken care of when they report it. While improvements have been made in prioritizing these issues, these metrics indicate more progress can be made on fixing outstanding system defects.

RECOMMENDATION #3

We recommend the Department of Public Health and Human Services improve interface monitoring by:

- A. Increasing oversight and review of the monitoring process.**
- B. Ensuring only necessary information is logged and only users with a business need can access logged information.**

Implementation Status – Partially Implemented

During the audit, personal information was being stored as part of interface logs. These logs contain various pieces of data including how many records were matched between two systems, what records were not matched, and how many records shared information. Personal information was being logged for records that did not match for a certain interface. These logs were stored in the issue management system that multiple users had access to. These users had no business need to have access to this information. The department has discontinued recording personal information. During follow-up work, we reviewed recent interface monitoring documents and identified unnecessary information is not being logged.

Issues, like unnecessary data being captured, are caught through department oversight and test of control measures. With the new interface monitoring tools within the department, automatic queries are ran monthly against logs to ensure personal information is not being logged for any interface the tool monitors. However, the interface logs identified in the audit are managed by the vendor to identify issues so the log is run independently of the monitoring tool and is stored in the issue management system. The department does not randomly or periodically check these interface logs to ensure the data being logged is correct, or that the vendor is completing a thorough review of interfaces. If this review was done, the issue with unnecessary information being recorded would have been identified by the department in a more timely manner.

RECOMMENDATION #4

We recommend the Department of Public Health and Human Services strengthen interface controls by consistently:

- A. Meeting with all stakeholders to document and review current issues.**
- B. Communicating with and updating stakeholders throughout the process.**

Implementation Status – Implemented

Communication with other divisions within the department that shared information for their own business processes was minimal during the audit. This led to manual work by other divisions to complete tasks or research why the issues were occurring. Since the audit, meetings with other divisions, project management, and the vendor have been occurring monthly to address new issues and update current issues. Quarterly meetings between divisions occur to address any program or process changes that may impact the other division. These meetings get in front of issues that occur because a change was made without informing everyone involved. The stakeholders that were interviewed for follow-up work felt the meetings have been an improvement and look forward to continuing these collaborative efforts to reduce issues.

RECOMMENDATION #5

We recommend the Department of Public Health and Human Services conduct a review of consolidated, statewide overpayment information, including potential overpayments, on a periodic basis.

Implementation Status – Not Implemented

According to department policy, overpayment logs containing potential overpayments that are either approved or denied should be consolidated at central office for further review. During the audit, these logs were no longer being consolidated because the department was trying to replace them with functionality in the business intelligence tool. However, the business intelligence tool was not able to track potential overpayments suggested by the system that were denied. These are key to review and understand why an overpayment was denied and if it was due to a system error. The previous policy is still in place and the logs are still not sent to central office for review.

The department created an Integrity Unit in summer of 2016 to review overpayments monthly and suggest possible improvements. While this is an improvement, it does not meet the overpayment log process established in department policy, and user perception of how the system handles overpayments appears to still be an issue. Through the Integrity Unit's own review, it has been identified that receiving information kept in these overpayment logs from the Office of Public Assistance (OPA) would be beneficial in identifying issues.

RECOMMENDATION #6

We recommend that the Department of Public Health and Human Services establish and document a process to review metrics related to the source of overpayment claims and address any identified system functionality issues.

Implementation Status – Being Implemented

At the time of the audit, almost 90 percent of denied overpayments were created by the system while over 80 percent of approved overpayments were manually created by users. This indicated the system has issues with identifying and suggesting accurate overpayments. In the last year, the department has created an Integrity Unit that reviews overpayments as one of its main tasks. A report of overpayments that were denied, approved, and manually created is reviewed by the unit to identify areas of improvements. These are then discussed with management to create actionable items. Survey responses indicate the majority of users are not confident changes will occur as result of these reviews. While the integrity unit process is working to identify issues, time is still needed to understand how effective the process is, how many of the Integrity Unit's identified issues will be addressed, and how this will impact user perception.

RECOMMENDATION #7

We recommend the Department of Public Health and Human Services:

- A. Review claim management processes and controls to continually identify risks and opportunities for automated improvements to controls and efficiencies.**
- B. Ensure all users are trained appropriately to set up and approve overpayment claims according to policy.**

Implementation Status –Being Implemented

During the audit, the process of managing an overpayment claim after the claim was established was somewhat complicated and if changes needed to be made, the process could take 2-3 days before the change was complete. These changes were also manually intensive processes. This process is managed by the Quality Assurance Division (QAD) and involves both CHIMES-EA and the accounting system within the department. QAD has since updated its procedures to simplify the process; however, there has been no system changes to improve the process.

The department has updated training materials and introduced a new Public Assistance User Guide to assist employees on business processes and tasks. However, training at this point is only for new staff and the business process documents are still being created. Overpayments do not have a document yet. Without clarification on the correct process and the amount of manual overpayments created, the risk for incorrect overpayments is increased. This increased risk leads to OPA supervisors spending more time than necessary reviewing overpayments and correcting issues.

RECOMMENDATION #8

We recommend the Department of Public Health and Human Services ensure all current help desk tickets, enhancements, and defects have been prioritized.

Implementation Status – Implemented

At the time of the audit, only 25 percent of system defects had been evaluated through the business value assessment (BVA) process. This process asks various questions to determine a level of priority for the defect. Without this priority determined, defects may not be addressed in an efficient manner. The department stated that as of the end of November 2016, there were still 349 BVAs remaining to be completed and these would be done by the end of 2016. Follow-up work identified that almost 200 BVAs remained to be completed at the end of January 2017. The majority of help desk tickets have also been prioritized since the audit, with only 16 tickets prior to this year still needing a priority. While the department has made a significant effort to complete these assessments for prior enhancements and defects and prioritize help desk tickets, there are still more recent issues remaining that have not been evaluated. Most of these BVAs were from the previous 2-3 months. To ensure the current issue management process remains effective, the department should continue progress in completing BVAs as defects and enhancements are identified.

RECOMMENDATION #9

We recommend the Department of Public Health and Human Services establish, monitor, and enforce benchmarks for:

- A. Analysis and prioritization of help desk tickets, defects, and enhancements.**
- B. Time frames for implementing solutions.**

Implementation Status –Being Implemented

During the audit, the department relied on the vendor for major processes throughout the issue management cycle. There appeared to be bottlenecks at some of these process points as well. At the time of the audit, the average age of defects was 160 days. Since then, the age has increased to over 200 days. Survey results also show that 25 percent of users felt issues were always or most of the time handled timely, while 27 percent felt issues were rarely or never handled timely. The department has taken on the majority of these processes and an “aging” metric has been added when reviewing the BVA scores of defects and enhancements to account for timeliness of issues. This metric is used to identify issues that are older by assigning a higher value to them.

While the aging metric increases awareness of issue age, no benchmarks have been set for analysis or prioritization of issues and audit work also identified performance standards within the vendor contract that are still not being monitored. The department recognizes the performance standards are not the best way of monitoring the process and have implemented dashboards monitoring monthly progress in areas such as defects assigned to updates, defects that have a BVA, page performance, and other system metrics. They intend to incorporate more relevant metrics in the next contract during the rebidding process in 2020.

While the average age of issues could be reduced by setting such benchmarks, the volatility of the metrics at this time makes it difficult to know what the benchmark should be set at. Until then, the department needs to continue monitoring issues and the process to improve user perception of issue management timeliness.

RECOMMENDATION #10

We recommend the Department of Public Health and Human Services:

- A. Improve the process by ensuring all classifications on help desk tickets are accurate and complete and defects are associated as necessary.**
- B. Document the process to ensure consistency.**

Implementation Status –Partially Implemented

During the audit, help desk tickets not classified correctly were identified. There are various types of issues, like help desk tickets, enhancements, and defects, and each of these has its own classifications. These classifications, such as priority, issue resolution, and associated defects, are important in the defect prioritization process and help desk ticket review. An example of this is the number of related help desk tickets being used as a factor in the assessment to determine overall priority. There was no clear documentation of what each classification meant or the process for each type of issue for staff to follow. The department has created a document showing the workflow and various stages of each issue; however, this document does not provide assistance in determining classifications.

Defect association to help desk tickets is important in order to understand the impact of the defect. The Business Value Assessment (BVA) for defects includes a rating for the number of help desk tickets associated to it for this reason. When reviewing recent defects, there were various ratings for this question, yet only one help desk ticket associated with the defect. This indicates either a lack of knowledge on how to complete this rating or that help desk tickets are not being consistently linked with defects. This association provides important information used when completing BVAs and is necessary to accurately prioritize defects.

RECOMMENDATION #11

We recommend the Department of Public Health and Human Services establish a process to limit reliance on data fixes and ensure data fixes are associated with a long-term application fix, if necessary.

Implementation Status – Implemented

The audit indicated there could be an overreliance on fixing the specific data issue, or data defect, instead of fixing the system process that created the issue, known as an application defect. At the time of the audit, there were over 2,600 closed data defects and only 102 closed application defects, while over 800 application defects were waiting to be resolved. Currently there are over 8,800 closed data defects and 316 closed application defects. Reports also show that currently there are over 900 open application defects waiting to be resolved. This is a difference of 6,100 data defects to only 200 application defects being resolved in almost 2 years. The department labels defects that consistently occur as recurring data defects. This metric is reported on monthly by the vendor. According to the latest vendor progress report, there are 28 of these defects with an identified application defect, and 20 that do not have an application defect.

Data defects are necessary in an environment that focuses on timeliness; however, this can easily lead to quick fixing of errors without fixing root causes. This creates user frustration when running into the same error and decreases efficiency in the issue management process. While the department has a process

reviewing recurring data defects, it does not appear to be impacting the number of application defects compared to data defects being addressed. The department needs to continue monitoring these metrics to ensure the process is effectively identifying recurring data defects and reduces the amount of individual data defects being completed.

RECOMMENDATION #12

We recommend the Department of Public Health and Human Services increase communication to users regarding:

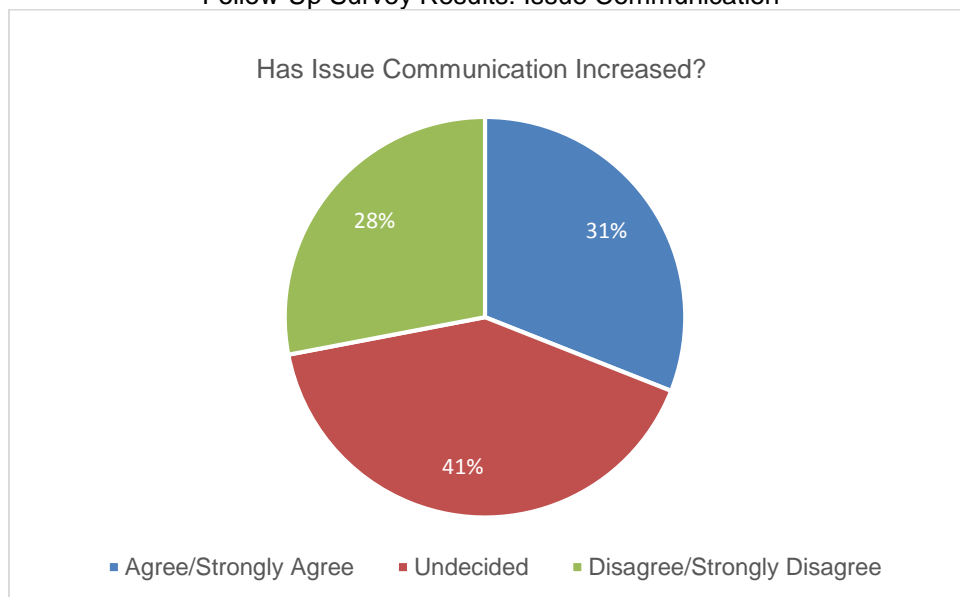
- A. Individual help desk ticket resolution and any related defect resolutions.**
- B. Defects being addressed through each build and what workarounds will no longer be necessary.**

Implementation Status – Implemented

The survey conducted during the audit showed that users were frustrated with communication from the central office and IT staff about system issues. Audit work identified examples of closed issues that were not communicated to users. Users also felt uninformed about system updates and exactly what was changing. Since the audit, the department has implemented system pop-ups that alert a user of changes whenever they log in. The structure of these pop-ups has gone through a couple changes to ensure any language that may not be understood is removed so that it is clear how the change affects the user.

Follow-up work showed over 40 percent of respondents felt the new system notifications were always or most of the time helpful and providing information they need, while around 15 percent of respondents felt they rarely or never did so. When asked if they felt communication has increased since the audit, respondents who agreed, disagreed, or were undecided were almost evenly split, as shown in Figure 1.

Figure 1
Follow-Up Survey Results: Issue Communication



Source: Legislative Audit Division.

While the department has implemented improvements to issue communication, more time may be needed to affect user perception. Over half of respondents feel the new improvements are at most “sometimes” helpful and providing information.

RECOMMENDATION #13

We recommend the Department of Public Health and Human Services improve current access review procedures by including:

- A. What privileged functions are allowed in each role and if it is necessary.**
- B. Which users have roles with access to privileged functions.**

Implementation Status – Implemented

The user access review performed during the audit showed that while the necessity of a user's access was reviewed every 6 months, what type of access that user had and what functions were allowed to each role was not being reviewed. This is important when business processes change to ensure access still aligns with the new processes. The department has reviewed privileged functions once since the audit, in January 2017, after the follow-up response was received. Privileged functions have been identified and noted in the procedure for conducting this review. Staff intend to continue this review every 6 months as part of the normal user review.

RECOMMENDATION #14

We recommend the Department of Public Health and Human Services:

- A. Document and track contractor access to system databases.**
- B. Monitor contractor activity within system databases.**

Implementation Status –Being Implemented

No current records or documentation of what type of access contractors had to databases was available during the audit and contractor activity within state databases was not being monitored for inappropriate activity. Since the audit, the department has implemented a system-monitoring tool that automatically tracks and alerts activity to the databases and provides reports such as privileged user activity and after-hours activity. These reports are sent weekly to security staff; however, at this time, the department indicates there is not enough staff to go through the amount of data provided by the new system-monitoring tool because it monitors all department systems, not just CHIMES-EA. The department is currently working on establishing a process to view all of the data easily and quickly.

RECOMMENDATION #15

We recommend the Department of Public Health and Human Services strengthen manual change controls by implementing procedures to monitor manual issuances, manual supplemental payments, and overrides.

Implementation Status – Partially Implemented

Audit work identified that a large number of users had access to high-risk, manual functions. These functions are considered privileged functions and if not limited to very specific users, should be monitored to ensure they are not misused and are being used accurately. The department now has metrics showing the number of manual issuances and overrides as part of the new dashboards; however, there is no metric for manual supplements and these reports are not reviewed at lower levels or by user to ensure they are not being misused. Access to these functions is limited to supervisors only, which still includes almost 80 users. Monthly review of total manual issuances could show statewide trends, but may not show if single users are overusing or misusing the privilege.

RECOMMENDATION #16

We recommend the Department of Public Health and Human Services improve user training by:

- A. Covering scenarios that introduce more policy.**
- B. Evaluating how satisfied users are with the amount of preparation and training they received.**
- C. Update training on a regular basis.**

Implementation Status – Being Implemented

During the audit, users expressed frustration with training and materials provided by the department. When we reviewed available materials for guidance when working in the system, the materials lacked information in certain areas, including establishing overpayments and self-employment. During the audit, the department started requesting user feedback on training and after the audit was presented, the department worked with users to identify ways to improve training. This resulted in the department restructuring new user training to provide a more in-depth look at the program, policies, and system over a 6-week period with 6 weeks of close monitoring following. The first rollout of this training was in March 2017. The department stated that ongoing training for more tenured users and any other enhancements will be a future project after the new-hire training is complete. The department has begun gathering user feedback on what areas to focus continued education on first through regional meetings with OPA staff.

RECOMMENDATION #17

We recommend the Department of Public Health and Human Services create or update documentation and strengthen controls for reviewing documentation in the following areas:

- A. Policy referencing previous systems**
- B. Business Rules and Correspondence Detailed Design Documents**
- C. Interface Design Documentation and Data Sharing Agreements**
- D. Benefit Discrepancy Business Rules and Process**
- E. Issue Management Procedures**
- F. System Testing Plans**
- G. User Guides and System Manuals**

Implementation Status –Partially Implemented

Throughout the audit, various types of documentation were either out-of-date, incomplete, or did not exist. These documents provide baseline configurations, process details and clarification, system information and guidelines, as well as verification of process completion. Follow-up work identified that policy has been updated and system documentation related to specific defects or enhancements have been updated; however, the other documents mentioned in the recommendation still require further updates. Specific system documentation was not completely updated and still lacks key components identified in the audit.

User guides and system manuals have been rolled into a single source of information known as the Public Assistance User Guide (PAUG). The follow-up survey asked users how effective they feel the new tool is. While around 66 percent of survey respondents feel the PAUG answers questions they have about policy, procedures, and the system at least sometimes, the other third of respondents feel it rarely to never answers those questions. User comments mentioned that the PAUG was too vague, was not updated in a

timely manner, was not user friendly, and does not include all processes. The types of needed improvements users mentioned included examples of specific policy and more detailed information.

The PAUG includes business process, policy, and system documentation. Policy is updated; however, not all business processes have been documented. Previously, policy included the business process for the situation. When policy was updated, these processes were removed to be put into separate documents. This could be the source of some of the frustration with users. We realize that user training and understanding of how to best utilize the PAUG can also contribute to the survey comments received. The department needs to take further steps to inform users, complete the business processes, and address user concerns for the PAUG to be successful for more users.

Appendix A

This section provides survey response data. Throughout the survey, users were also given opportunities to comment on certain topics. Those comments were not included in this summary. The total population for the survey was 399, with 238 responses (225 completed the survey) and 161 nonresponses. Throughout the survey, skip logic was used so users were directed to questions relevant to their position and interaction with the system.

Survey Data Used for Follow-Up

Survey Data Used for Follow Up

What is your role in the system?						
Total Responses:	238	Nonresponse: 0				
Eligibility Levels 1-5	193					
Eligibility Supervisor	23					
Other (please specify in 50 characters)	8					
CSED Related	4					
Director	3					
Investigator/Auditor	2					
Not sure	4					
Program Officer	1					
How long have you been in your current position?						
Total Responses:	238	Nonresponse: 0				
Less than 6 months	12					
6 months - 2 years	57					
2-5 years	75					
5-10 years	51					
More than 10 years	43					
Did you take the survey during the CHIMES audit in Spring 2015?						
Total Responses:	238	Nonresponse: 0				
Yes	111					
No	67					
I don't remember	60					
In your opinion, is CHIMES...						
Total Responses: 225, Nonresponse: 13		Most of the Time				
	Always		Sometimes	Rarely	Never	NA
User Friendly	3	51	107	52	12	0
Responding in a timely manner	2	59	110	50	4	0
Easy to learn	6	61	77	59	20	0
Processing applications quickly	3	50	111	46	8	5
Accurate	0	60	129	30	3	0
Simplifying Processes	5	33	102	62	19	2
Reducing Errors	2	26	90	83	18	4
Allowing you to spend the majority of your time on qualitative customer care	1	28	83	84	22	5
Increasing the efficiency of collection, reporting, and analysis of client data	2	46	96	61	13	3

How often does CHIMES support you when completing your daily tasks?						
Total Responses: 225		Nonresponse: 13				
Always	19					
Most of the Time	82					
Sometimes	91					
Rarely	33					
Never	0					
The division has recently established dashboards and reports to monitor key metrics related to being respectful, prompt, and accurate. Specific to SNAP and TANF metrics and goals, do the new reports and dashboards:						
Total Responses: 221, Nonresponse: 17		Most of the Time				
	Always		Sometimes	Rarely	Never	NA
Provide users with important information	11	54	68	40	12	36
Provide insight to management's decisions	4	23	59	51	34	50
Provide helpful information that I relate to and can understand	4	44	63	53	20	37
What best describes your role in CHIMES? If more than one apply, select the statement that represents most of your interaction with CHIMES.						
Total Responses: 220		Nonresponse: 18				
I enter information in to the system	183					
I supervise/manage people who enter information in to the system	20					
I view information, but do not enter information	4					
Other (please specify in 50 characters)	13					
The system:						
Total Responses: 202, Nonresponse: 36		Most of the Time				
	Always		Sometimes	Rarely	Never	NA
Identifies potential overpayments	2	46	100	45	5	4
Calculates the correct overpayment amount	3	47	78	58	11	5
Reduces the amount of time spent establishing an overpayment	2	29	63	65	38	5
Recently the department has established the Integrity Unit to review cases, including overpayments. This new review has: (select all that apply)						
Total Responses: 202		Nonresponse: 36				
Improved CHIMES' ability to identify and calculate overpayments and underpayments	9					
Improved user understanding of overpayment issues	10					
Improved the overpayment process	18					
I have not seen any changes as a result of the Integrity Unit review	177					
If you have not seen any changes, how confident are you that improvements will occur in the future?						
Total Responses: 175		Nonresponse: 63				
Extremely confident	5					
Somewhat confident	62					
Little confidence	80					
No confidence	28					

How often do you manually perform the following actions because the system did not act as intended?						
Total Responses: 200, Nonresponse: 38	Always	Most of the Time	Sometimes	Rarely	Never	NA
Open/Close a case	7	33	122	25	8	5
Withdraw an application (due to the system not acting as it should)	2	21	107	52	14	4
Override benefit amount	2	14	125	44	8	7
Issue benefits	8	17	124	39	6	6
Other manual operations due to the system not acting as it should. (please specify in 80 characters)	39					
Would you agree that your use of these manual changes is decreasing?						
Total Responses: 200	200	Nonresponse: 38				
Strongly Agree	4					
Agree	44					
Undecided	73					
Disagree	55					
Strongly Disagree	19					
I don't make manual changes	5					
Are you required to report issues found in CHIMES?						
Total Responses: 216	216	Nonresponse: 22				
Yes	180					
No	36					
Whenever there is an issue in CHIMES:						
Total Responses: 179, Nonresponse: 59	Always	Most of the Time	Sometimes	Rarely	Never	NA
I report the issues even if I know a way around the issue	27	57	63	27	5	0
It is being addressed in a timely manner	12	32	83	45	4	0
I feel confident it will be taken care of	20	31	68	46	12	0
The department has implemented release notes and system pop-ups to inform users of changes and issue resolutions for CHIMES. How often are these new notifications:						
Total Responses: 179, Nonresponse: 59	Always	Most of the Time	Sometimes	Rarely	Never	NA
Helpful	17	59	78	23	2	0
Providing the information I need about the change	15	62	70	28	4	0
Increasing communication about system issues	21	46	72	32	8	0
Please select what communication you have received concerning issues you have reported. (select all that apply)						
Total Responses: 179	179	Nonresponse: 59				
Issue or Ticket number	176					
Request/Follow-up for Issue details	82					
Update on issue status	63					
Notification of when the issue will be fixed	63					
Reason for closing the issue (fixed or not)	118					
I don't report issues	1					
Other (please specify in 50 characters)	15					

Do you agree that communication about issues you report is increasing?						
Total Responses:		179	Nonresponse: 59			
Strongly agree		6				
Agree		50				
Undecided		73				
Disagree		37				
Strongly Disagree		13				
The department has created the Public Assistance User Guide to assist users. How often does this answer questions you have about:						
Total Responses: 179, Nonresponse: 59		Most of the Time				
	Always		Sometimes	Rarely	Never	NA
How CHIMES enforces policy	3	36	80	46	14	0
How you should use CHIMES	5	32	81	47	14	0
Department procedures involving CHIMES	5	31	81	49	13	0

S:\Admin\IS\Follow-up\17SP-09-CHIMES-EA-Follow-up-memo.docx/djr